Best Avallable Copy

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09716672

| (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
|--|---|---|--------------|-------------------------------|------------------------------|-------------------|-----------|--------------------|------------------------|-----------|----------------------------|------------------------|--|
| TOTAL CLAIMS | | | 29 | | | | ſ | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | | | BASIC FEE | 710.00 | |
| <u> </u> | | - A | nowber Filed | | NOMBER EXTRA | | DAGIO FEE | 333.00 | OR | BASIC FEE | 10.00 | | |
| | TAL CHARGEA | ABLE CLAIMS | 29 mir | us 20= | • 9 | | | X\$ 9= | 8/ | OR | X\$18= | <u> </u> | |
| ⊩— | DEPENDENT CL | | 5 minus 3 = | | 1 2 | | | X40= | 80 | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | <u>[</u> | TOTAL | 5/6 | OR | TOTAL | | |
| Claims as amended - Part II | | | | | | | | OTHER THAN | | | | | |
| (Column 1) (Column | | | | | | (Column 3) | _ | SMALL | ENTITY | OR | SMALL | ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA_ | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | ļ | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | <u> </u> | | | T CL AINA | | | X40= | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | | |
| | | | | | | | | TOTAL | | OR | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ADDIT. FEE | | <u> </u> | ADDIT. FEE | | |
| Ø | | CLAIMS |] | HIGH | IEST | | [| <u> </u> | ADDI- |] | <u> </u> | ADDI- | |
| AMENDMENT | | REMAINING AFTER AMENDMENT | | PREVI | IBER OUSLY FOR | PRESENT EXTRA | | RATE | TIONAL | ! | RATE | TIONAL | |
| | Total | * | Minus | ** | , | = | | X\$ 9= | 1 66 | OR | X\$18= | | |
| ME | Independent | * | Minus | *** | | = | | X40= | | | X80= | | |
| ♥ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | } | A40= | | OR | 700= | | |
| | | | | | | | | +135= | | OR | +270= | | |
| • | | | | | | | A | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT C | • | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | t | Minus | 食命 | | = | ſ | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | | = | | X40= | · | OR | X80= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | | | | |
| • 1 | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | OR | +270= | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE OR ADDIT | | | | | | | | | | | | | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |